



**AARP Testimony in Support of H.B. 5480**  
**AAC Increasing Home and Community-Based Care for Elderly Medicaid Recipients**  
**Human Services Committee**  
**March 13, 2012**

AARP is a membership organization that helps people 50+ live their best life. We are a nonprofit, nonpartisan social mission organization with nearly 600,000 Connecticut members. Our advocacy efforts include expanded consumer options for home and community based alternatives to nursing home care. Today, AARP is pleased to support the objectives outlined in H.B. 5480, *An Act Concerning Increasing Home and Community-Based Care for Elderly Medicaid Recipients*.

AARP supports the concept of using a 1915(i) state plan amendment to expand access to home and community based options. The expansion outlined in H.B. 5480, section 1 would expand Medicaid coverage for certain individuals currently on the state-funded Connecticut Home Care Program for Elders. This change would maximize federal reimbursements through a Medicaid match and ensure the availability of home and community based services without a waitlist for those that are financially and functionally eligible. It is our understanding that the Department of Social Services has already submitted a proposal to the Center for Medicare and Medicaid Services (CMS) earlier this year modeled on H.B. 5480, section 1. However, this Committee should consider a bold approach that expands beyond just elders to also include persons with physical disabilities and those currently denied services because of caps on waiver services.

Connecticut should provide a comprehensive range of long-term services and supports guaranteed to those that need care. These services and supports should be based on a person's physical and cognitive or other mental functioning and on the types of assistance a person needs. Uniform assessments would determine whether a person meets the eligibility criteria for a program and what type and level of services a person requires. Financial and functional eligibility should be determined in a timely manner.

Additionally, AARP strongly supports section 2 of H.B. 5480. This section instructs the Department of Social Services to participate in the State Balancing Incentive Payment Program (BIPP). BIPP provides a strong financial incentive for states to increase access to "non-institutionally based long-term services and supports." The increased FMAP is provided to states in return for their implementation of three main structural changes to their Long Term Service and Supports (LTSS) systems: statewide single point of entry/ADRC, conflict-free case management services, and a core standardized assessment instrument. Connecticut is well-positioned to take advantage of this program because we have Aging and Disability Resource Centers (ADRCs) operating in 3 regions of the state and a model for conflict-free case management operated through the access agencies for the Connecticut Home Care Program for Elders.

Connecticut's participation in BIPP would mean fewer state dollars for long-term care to serve more people because of the additional federal funding. As states increase support for home and community based services, they will also be creating a stronger community-based service system for the future. This will help reduce state spending on more expensive institutional care that accounts for the majority of long-term care spending.

Last year, AARP calculated the potential savings for each state based on their participation in BIPP. For the period from Oct. 1, 2011 to September 30, 2015, we estimated that Connecticut would save approximately \$37 million. In addition, other federal grant programs, including Money Follows the Person, can be used to invest in critical infrastructure needs that are required to qualify for BIPP.

AARP strongly supports Connecticut's participation in BIPP and is willing to enlist the help of our national office to support Connecticut's BIPP application. We also urge you to amend section 1 to expand coverage of the 1915(i) to cover individuals with physical disabilities. We have found that if you ask a person what they want and truly need, their answer will generally cost less than any system we might design for them. We need a public long-term care system that respects true consumer choice and responds to consumer preferences, while also ensuring cost effectiveness. Thank you.